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The relationship among parenting styles, children's empathy, and certain problematic behaviors in children and young adolescents

Holly Lynn Melvin

THE RELATIONSHIP AMONG PARENTING STYLES, CHILDREN'S EMPATHY, AND CERTAIN PROBLEMATIC BEHAVIORS IN CHILDREN AND YOUNG ADOLESCENTS

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Holly Lynn Melvin

and

Joann Mim Mack

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ASSIGNED RESPONSIBILITIES FOR GROUP PROJECT

This was a two person project for which the authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:
   Assigned leader Holly Melvin
   Assisted by Joann Mim Mack

2. Data Entry and Analysis:
   Assigned leader Joann Mim Mack
   Assisted by Holly Melvin

3. Writing Report and Presentation of Findings:
   a. Introduction and literature
      Assigned leader Holly Melvin
      Assisted by Joann Mim Mack

   b. Methods
      Assigned leader Joann Mim Mack
      Assisted by Holly Melvin

   c. Results
      Assigned leader Holly Melvin
      Assisted by Joann Mim Mack

   d. Discussion and Conclusion
      Assigned leader Joann Mim Mack
      Assisted by Holly Melvin

ABSTRACT

This research project was designed as an exploratory study to examine the relationships among parenting styles of caregivers, children's empathy, and certain problematic behaviors in children and young adolescents. The measures used included the Adult-Adolescent Parenting Index - 2, the Empathy Tendency Index, and the Child Behavior Checklist. The sample of 53 child/caregiver pairs was obtained from a county mental health clinic, after being referred for treatment due to problematic behaviors identified in the children. Three correlations based on the study variables were analyzed using Pearson Correlations. Significant results included a negative relationship between child's empathy and caregiver's oppression of child's will and power. A negative correlation between child's social problem behavior and caregiver's inappropriate developmental expectations was found. Finally, a negative correlation between caregiver's use of corporal punishment and child's delinquent behaviors was significant. Implications for Social Work practice were discussed.

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DEDICATION

This work is dedicated to our dear friend Mona Mosk, Ph.D., whose generous contributions of time, energy, and encouragement redefine the meaning of dots, lines, and friendship. Thank you, Mona! Sincerely, Holly and Joann.

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CHAPTER ONE: INTRODUCTION

Problem Statement

"We are your sons, and we are your husbands, and we grew up in regular families" (Caputi, 1990, 6). This statement was made by Ted Bundy, convicted serial killer, in his final interview with evangelical minister, Jim Dobson, the evening before he was executed by electrocution. Although serial killers appear to be an infrequent societal problem, the causal factors that create this pathological anomaly and other severe behavioral problems in children and adolescents are increasingly seen by human service personnel throughout America.

For example, in Riverside County, alone, between the years of 1990 and 1998, the total number of juvenile offenders incarcerated in Juvenile Hall or in a judicial placement program increased by 300% (Riverside County Department of Mental Health, 1998). Juvenile offenders appear to be more emotionally disturbed than in previous decades, demonstrating significant problems in the areas of empathy, aggression, and delinquent behaviors. In addition, the parents and family members of these children tend to be problematic because they often tend to polarize to the extreme ends on parenting styles and expression of

empathy. Parenting styles used appear to be ineffective when considering problematic behaviors of their children. Also, parents of child and adolescent offenders are likely to have a history of substance abuse and behavioral problems of their own (Riverside County Department of Mental Health, 1998).

While most criminal offenses committed by adults are decreasing, the same offences committed by juveniles are rapidly increasing (Riverside County Department of Mental Health, 1998). Burglary, petty theft, shoplifting, and grand theft auto are rising significantly. However, more frightening is the alarming rate of increase in incidences of juveniles committing sexual and/or violent assaults, with little or no remorse for their victims. Juveniles are starting criminal careers at younger and younger ages (Riverside County Department of Mental Health, 1998). There is a direct correlation between the violence level of juvenile crime and the likelihood of that juvenile becoming an adult offender (Nagin & Farrington, 1992; Wolfgang, Thornberry, & Figlio, 1987).

Not only has previous research demonstrated a relationship between juvenile crime and subsequent adult offenses, other research indicated a relationship between

problematic behaviors in children and adolescents and later delinquent behavior. Loeber and LeBlanc (1990) predicted later involvement with the criminal justice system in children with oppositional and/or defiant behaviors. Similarly, a relationship between severity of crime and problematic behaviors before arrest was found in incarcerated adolescents (Cox, 1996). Although the relationship between juvenile crime and level of empathy has been more tenuous, Dykeman, Daehlin, Doyle, and Flamer (1996) reported that empathy levels were a significant predictor of school-based violence in 10 to 19 year old students.

The general purpose of the study is to further understand the relationships between three variables commonly found in research with juvenile offenders: parenting styles, empathy, and problematic behaviors. Given that previous research has frequently linked these three variables in children/adolescents and involvement in criminal behavior, it becomes prudent to better understand these variables before developing therapeutic interventions.

Problem Focus

The increase in juvenile crime by children and adolescents, at younger and younger ages, necessitates creating or adapting therapeutic interventions to attempt to prevent a continuation of the current trends. The specific problem to be examined within the scope of this study is the relationship among the previously mentioned variables, parenting style, empathy, and problem behavior, in an identified, high-risk population of children and young adolescents.

The overall population associated with being high-risk contains children and young adolescents who display problematic behaviors. This population is often correlated with later involvement in the criminal justice system (Loeber & LeBlanc, 1990). A specific subset of this population, who will be targeted for this study, are children and adolescents who have already been referred to or seen in counseling for problematic, disruptive behaviors. This specific population was chosen because of the researchers' interest in therapeutic interventions in children and young adolescents. Through a better understanding of parenting styles, empathy, and certain problematic behaviors within a high-risk population who

utilize therapy, the development of more effective therapeutic interventions, either for the parent or the identified child, is possible.

The contribution of this research to the body of Social Work knowledge will potentially foster the development of interventions to improve parenting, empathy, and problematic behaviors in a specific population of children and adolescents who may otherwise become involved in the judicial system. By utilizing the person-in-environment perspective, specific interventions designed for this population are more likely to be effective than interventions designed for the general population of children and adolescents.

Three research questions were addressed in this study:

1. What is the relationship between parenting styles of caregivers and empathy levels in children and young adolescents?
2. What is the relationship between children's empathy levels and identified problem behaviors in children and young adolescents?
3. What is the relationship between parenting styles of caregivers and certain problem behaviors in children and young adolescents?

CHAPTER TWO: LITERATURE REVIEW

Parenting Styles

"Mind, body, and environment continually interact in a variety of changing and complex ways" (Saleebey, 1992). The value of an ecological, person-in-environment approach to viewing life is embodied in the hope the approach provides, through emphasizing the individual's continuous adaptations, through dynamic interactions with the environment (Zastrow & Kirst-Ashman, 1997). This perspective is important from a therapeutic standpoint in assessing and planning treatment interventions because it underscores a client's strengths and highlights the ability to learn and change. However, the intent of this study is to examine the interactions with the immediate social environment: the family and its influence on the developing child, especially in the areas of developing both prosocial and problem behaviors.

Another theoretical perspective useful in understanding how children's behavior develops within the context of the family is Social Learning Theory. In Social Learning Theory the family is credited as the primary agent of children's socialization. Although socialization continues throughout the life-span, the fundamental

building blocks of beliefs, attitudes, and behaviors are established during childhood (Zastrow & Kirst-Ashman, 1997). Because of the wide variety of family configurations today, the term 'family' is used to denote the primary group of persons that fulfill that function, and 'parents' indicates the primary caregivers.

In taking the person-in-environment perspective, these authors are not ruling out genetic and historical influences affecting children's beliefs, behaviors, and resiliency, but the primary, ecological focus will be the family environment, and more specifically, the type of parenting a child receives. In fact, genetic research on personality and behavioral traits is scant (Takahashi & Turnbull, 1994), but some existing research in the behavioral-genetic field suggests that there are some genetic contributions to social development (Plomin, 1994; Wootten, Frick, Shelton, & Silverthorn, 1997).

There still remains, however, an emphasis on parenting as a critical factor based on vast research that has documented an association between parenting practices and behavior/conduct problems in children (Wootton et al, 1997). In addition, early family experiences appear to influence the development of empathy, considered by many

and supported by research to be an underlying factor in developing prosocial behavior (Jensen, Peery, Adams, & Gaynard, 1981). Even though parenting practices are generally accepted as being influential in children's development, more information is needed about the relationships among parenting styles, empathy, and problem behavior in children.

Diana Baumrind (1993) credited parental influence as a major factor in constructing their children's environments. She reported a significant relationship between parents' caretaking practices and the internalization of social norms and social-emotional development (Baumrind, 1993). Research using Baumrind's theory has demonstrated that parents can learn more constructive ways to respond to difficult behavior in their children (Patterson & Forgatch, 1989). A critical factor in the healthy development of children and adolescents appears to be what style of parenting the children receive.

Because of the fact that parents differ greatly in their complex interactions with, and their responses to, their children, it is useful when studying parenting to identify general parenting categories. Baumrind identified three different parenting styles that have been adopted as

the standard in assessing parenting skills: authoritarian, authoritative, and permissive (Baumrind, 1971; Baumrind, 1989; Weiten & Lloyd, 1997). Baumrind conceptualized parenting styles along two dimensions. The first dimension, Parental Control, examined how controlling the parent was of the child and was divided into high and low control. The second dimension, Parental Acceptance, examined how the parent responded to his or her child's behavior and personality and was divided into high and low acceptance.

The authoritarian parenting style is low accepting and high controlling. These parents often use physical punishment and/or the threat of physical punishment with their children. They are highly demanding in their standards and maintain rigid and explicit control over their children without allowing for maturational changes. These parents tend to be emotionally distant from their children and may or may not be rejecting.

The permissive parenting style is high accepting and low controlling. These parents make few or no demands of their children, allowing their children to express their impulses freely by setting few limits on their behavior. These parents tend to be indulgent and accepting of the

most inappropriate behavior. They tend to be emotionally responsive to their children.

The authoritative parenting style is considered to be the optimal parenting style. These parents are high accepting and high controlling. They have high expectations of their children, but are also aware of developmentally appropriate abilities. They provide acceptance while emphasizing consequences for "good" and "bad" behaviors. Although they set consistently firm limits, these parents will negotiate with their children, maintaining flexibility regarding maturation and situations. They treat each child with respect, allowing the child to be a unique individual. They realize that each child's needs will be different, not holding to rigid ideals.

Bavolek (1980) introduced another conceptualization of parenting that was viewed using a continuum from effective to ineffective. He focused on identifying abusive parenting behaviors that were generationally transferred to children, continuing the cycle of violence within families. Unlike Baumrind who generated concepts based on the general population, Bavolek's work focused on a targeted at-risk population of abusive parents to discriminate between

abusive parenting strategies and non-abusive parenting strategies. According to Bavolek's conceptualization, ineffective parenting patterns or strategies were consistently employed by parents who were identified as abusive.

Bavolek and Keene (1999) described five parenting patterns that were most useful in identifying ineffective parenting. In the first pattern, ineffective parents tend to inaccurately perceive the skills and abilities of their children to be higher than the child's developmental age. Parents who exhibit this pattern are either ignorant of appropriate developmental stages or have a skewed idea of what behaviors are appropriate to various developmental ages.

The second ineffective parenting pattern consists of the parents' inability to understand, and/or provide, the appropriate level of empathic concern needed by their children. In effect, the parent's needs supercede the children's needs. Parents who lack enough empathy may perceive their children's empathic demands as irritating or annoying (Bavolek & Keene, 1999). Bavolek and Keene (1999) assert that parental lack of empathy toward the child may result in a failure of the child to develop a moral code of

right and wrong; through a lack of parental empathy, the child learns that others' feelings and needs are not important.

Physical/corporal punishment is the third pattern of ineffective parenting (Bavolek & Keene, 1999). Parents who use physical punishment tend to hold strong beliefs regarding its usefulness as a disciplinary measure.

The fourth pattern, parent/child role reversal, involves the caregiver's perceptions of child/parent roles. Parents who engage in role reversal tend to rely on their children for nurturance and emotional support that is inappropriate to the parent-child relationship.

Oppressing the child's will and independence is Bavolek's final identified pattern of ineffective parenting. In this pattern, parents tend to dominate the child by demanding rigid adherence to obedience and immediate compliance. The parent's belief is that if children are allowed to be independent and act freely, parental authority will be challenged and ignored.

Children's Empathy

There appears to be a growing lack of empathy in children and adolescents who commit crimes. During an interview, the supervisor of a juvenile offender program in

California reported his observations regarding empathy in his population. He stated that his adolescent residents demonstrated a poor concept of how their negative behavior victimized others. An example of a typical adolescent response when confronted with the impact of his/her crime on the victim was, "Because I didn't have a stereo and I wanted it, so I took it" (M. Malone, 1999, personal interview). A concern of social service professionals regarding this behavior is the denial of personal responsibility for harmful acts toward others and an overall lack of understanding and empathy about how their actions affect others in their environment.

The growing lack of empathy in the adolescent population appears to have spurred interest in researching the development of empathy in children and adolescents. One definition of empathy is "…objective awareness of another person's thoughts and feelings and their possible meanings" (Goldenson, 1984, 255). Another definition of empathy is "Adopting another's frame of reference to understand his or her point of view" (Weiten & Lloyd, 1997, 537). Regardless of how it is defined, the critical factor of empathy is that one person is able to connect to another person's feelings.

It is not uncommon for people to confuse the definitions of empathy and sympathy. According to Gruen and Mendelsohn (1986), empathy and sympathy are distinct processes that may work together, but are not dependent upon each other. In addition, sympathy tends to be a situational function, whereas empathy tends to be a stable, dispositional trait. Trommsdorff (1991) investigated the relationship between empathy and prosocial behavior. She discovered that children who scored highly on an empathy scale also demonstrated more prosocial behaviors.

In a similar study using sixth and seventh graders, Krevans and Gibbs (1996) examined the relationship between children's empathetic responses, prosocial behavior, and parental discipline type. The parenting types analyzed included inductive (emphasizing victim's perspective), power assertions (use of parent's power over the child), and love withdrawals (withholding parental approval or attention). The results indicated that children who were identified as being more empathetic had parents that emphasized the feelings of others when disciplining poor behaviors. In addition, children who were identified as being more empathetic also displayed more prosocial behaviors.

Chase-Lansdale, Wakschlag, and Brooks-Gunn (1995) concluded that children who came from "difficult family environments" and ineffective parenting were at risk for poor empathy development. Parenting problems that contributed to poor empathy development included abusive, violent, neglectful, indifferent, and unpredictable actions by parents.

Henry, Sager, and Plunkett (1996) studied adolescent perceptions of parenting styles and adolescent empathy levels within the family system. Results indicated that adolescent empathy was positively associated with an inductive parenting style. The authors concluded that the effectiveness of parent education programs might be significantly improved by the inclusion of an empathy module.

There is an established link between ineffective parenting and certain problematic behaviors, such as conduct disorders, in children (Frick, 1994). According to Wootton, Frick, Shelton, and Silverthorn (1997), ineffective parenting is a factor predicting conduct disorders in children. They also found that ineffective parenting was the best predictor of conduct disorders in

children who were identified as being "callous-unemotional," having a lack of empathy.

Wiehe (1997) found a significant correlation between empathy and effective parenting of children. The author showed that abusive parents scored significantly lower on an empathy scale than non-abusive parents. Koestner, Franz, and Weinberger (1990) found that parenting styles were able to predict the level of empathy in adults. The authors concluded that children who were effectively parented had the highest levels of empathic concern for others as adults. These children also have fewer behavior problems in the home, unlike children who have had the lowest levels of empathic concern for others and the highest frequency of behavioral problems in the home.

Certain Problem Behaviors

An important component of research, when looking at problematic behaviors in children and adolescents, is a clear definition of what constitutes the term, "problem behavior." One critical factor in understanding the behavior continuum is the range of behavioral responses from normal to psychopathological. Research on developmental norms compares specific behaviors against

their behavioral frequency within a specified developmental age group.

A widely known, standardized instrument for examining non-normative behavior in children and adolescents is Achenbach's Child Behavior Checklist (CBCL; Achenbach, 1991). The eight scales of the CBCL assess behavioral problems and social competence. The withdrawn, somatic complaints, and anxious/depressed scales are considered internalizing behaviors, whereas delinquent behavior and the aggressive behavior scales are thought of as externalizing behaviors. Social problems, thought problems, and attention problems scales are not given internalizing/externalizing designations (Achenbach, 1991). Examples of problem behaviors, designated by the CBCL, includes lying and cheating, lack of concentration or attention, restlessness, cruelty to animals, bullying, destroys things, disobedience at home and school, interactions with peers and adults, impulsivity, and fighting behaviors.

Interestingly, a study (Wootton, Frick, Shelton, Shelton, & Silverthorn, 1997) compared ineffective parenting and childhood conduct problems with callous and unemotional traits in children. The authors found that

empathy levels were a significant predictor of conduct problems. Children who had average levels of empathy were more influenced by ineffective parenting than children with low levels of empathy (Wootton, Frick, Shelton, & Silverthorn, 1997).

McCord (1991) explored the relationship between parental competence of mothers, the father's influence within the family and the expectations of the family on male juvenile delinquency. The author found that mother's parental competence was a significant predictor of juvenile delinquency independent from the other factors examined. In addition, poor parenting consistently increased the risk of delinquency when combined with poor paternal interactions with the child.

CHAPTER THREE: RESEARCH METHODS

Overview

This study was designed to explore and describe the relationships among three variables: Parenting Styles, Child's Empathy, and Certain Problem Behaviors. A questionnaire survey design was employed. Four questionnaires were used: a demographic survey, the Adult-Adolescent Parenting Inventory - 2 (AAPI-2) that measured parenting styles, the Empathy Tendency Index (ETI) that measured children's empathy, and the Child Behavior Checklist (CBCL) that measured certain problem behaviors in children. The CBCL was administered as part of the intake procedure at a local mental health facility. The three remaining measured were administered by the investigators or by the participants therapists.

Participants consisted of 53 caregiver and child pairs in which the child was referred to psychotherapy for behavioral problems. The sample consisted of children and young adolescents who were considered to be at-risk because of their identified behavioral problems.

Three research questions were addressed in this study:

1. What is the relationship between parenting styles of caregivers and empathy levels in children and young adolescents?
2. What is the relationship between empathy levels and certain problem behaviors in children and young adolescents?
3. What is the relationship between parenting styles of caregivers and certain problem behaviors in children and young adolescents?

Sampling

Participants consisted of 53 caregiver and child pairs in which the child was referred to psychotherapy for behavioral problems. The total sample size consisted of 106 participants (53 children and 53 adults). The children had received four or more psychotherapeutic sessions at a local community mental health facility. The sample consisted of participants from a low socioeconomic background in which 64.7% had an annual total income of $20,000.00 or below. Participants lived in a catchment area served by a local community mental health clinic.

A low socioeconomic, at-risk child and young adolescent group with identified problematic behaviors was

selected because of research supporting this population's increased probability for future antisocial behaviors and/or involvement with the juvenile justice system. In addition, this population was chosen because of the investigators' interest in developing useful therapeutic interventions, specifically designed for these vulnerable children and youths.

Instruments

Four instruments were included in the research packet: a demographic survey, Adult-Adolescent Parenting Inventory - 2 (AAPI-2), Empathetic Tendency Index (ETI), and the Child Behavior Checklist (CBCL).

Demographic Survey (See Appendix D): The demographic survey consisted of nine questions to obtain descriptive statistics of the sample based on the caregiver report. Questions gathered information regarding caregiver age, caregiver gender, family socioeconomic status, caregiver ethnicity, caregiver's relationship status, child's living arrangement, and caregiver educational level. Children and adolescent demographic information (age, gender, ethnicity) were obtained from the Child Behavior Checklist (CBCL; Achenbach, 1991).

Adult-Adolescent Parenting Inventory-2 (AAPI-2) (See Appendix E): Parenting Styles were measured by employing the AAPI-2. The AAPI-2 was a 40-item instrument that identified the risk of abusive parenting and child rearing attitudes and practices. Attitudes identified as being "abusive" in nature were considered to be ineffective parenting behaviors. For the purposes of this study, the following definitions were used. "Ineffective Parenting" was defined by a STEN score of four or below on any of the five AAPI-2 constructs. "Effective parenting" was identified as a STEN score of seven or above on any of the five AAPI-2 constructs. Average parenting was defined as a STEN score of either five or six on any of the five AAPI-2 constructs.

The AAPI-2 had a Likert type scale with five anchors ranging between "strongly agree" and "strongly disagree." It had five subscales based on parenting constructs that contribute to abusive practices: inappropriate parental expectations (Subscale A), parental empathy of child's needs (Subscale B), use of corporal punishment (Subscale C), child-parent role reversal (Subscale D), and the oppression of children's will and independence (Subscale E). The inappropriate expectation subscale, consisting of

six items, measured parental expectations of children's behaviors based on developmental guidelines. The parental empathy subscale, consisting of eight items, measured caregiver ability to demonstrate empathy regarding children's needs. The corporal punishment subscale, consisting of 10 items, measured beliefs regarding disciplinary practices. The role reversal subscale, consisting of eight items, measured the caregiver's perceptions of their role as caregiver. The oppression of children's will and independence subscale, consisting of eight items, measured the dominance of the parent over the child through rigid adherence to obedience.

On the AAPI-2, the author reported an internal reliability of equal or greater to $r = .70$ for each subscale. Test-retest reliability for the measure was $r = .76$. Research finding demonstrated that the AAPI-2 reliably predicted abusive parenting, therefore ineffective parenting, in all five subscales ($p < .001$; Bavolek & Keene, 1999).

Validity and reliability of the AAPI-2 was gathered over a two-year period. During the revision and re-norming process, a fifth construct was identified and added to the AAPI-2. The revised edition of AAPI-2 was compared to the

original AAPI validity and reliability results. The authors of the AAPI/AAPI-2 reported that a factor analysis of the AAPI-2 items supported the validity of the AAPI original four constructs. Therefore, content related validity was demonstrated. The measurement developers reported that discriminant validity was weak as a result of the high correlations between the underlying constructs.

The AAPI-2 factors demonstrated good internal reliability. Cronbach's alpha ranged between .86 to .96. Spearman-Brown statistic was also reported and ranged between .87 to .96. The additional factor, parental dominance of the child's power and independence, resulted in Chronbach's alpha reliabilities of .80 or above.

Criterion related validity was examined to see if the AAPI-2 was able to differentiate between two dimensions, abusive/non-abusive and adult/adolescent. A stepwise discriminant analysis demonstrated that any of the five factors could be used to predict adult from adolescent groups, abusive vs. non-abusive groups; results of the all F ratios were significant at $p < .001$ significance level.

The AAPI-2 is based on normative data collected from a representative sample. Normative data were provided by age (adult and adolescent), sex (male or female), specialized

ethnic norms (Caucasian, African-American, and Hispanic), and an overall, combined normative table. For the purpose of this initial study, only the adult, non-abusive, combinative norms were utilized.

Empathetic Tendency Index (See Appendix F): The level of empathy of children was measured by using the ETI. The ETI, titled "Feelings Questionnaire," was a 22 item, yes-no response index that identified empathy levels in children and young adolescents. "Child's Empathy," as obtained through the Empathy Tendency Index (ETI), was defined as "...a vicarious emotional response to the perceived emotional experiences of others, and the emphasis is on emotional responsiveness rather than on accuracy of cognitive social insight" (Bryant, 1982, 414). Bryant (1982) used this definition because of age-related problems associated with children's emotional, cognitive and social development and their accuracy of insight.

Bryant (1982) adapted a well-known, adult empathy scale by Mehrabian and Epstein (1972) for children. In her reliability and validity study, Bryant (1982) reported that the ETI demonstrated adequate test-retest reliability, ranging between r = .74 to r = .83. Convergent validity

correlations ranged between .33 ($p < .05$) to .77 ($p < .001$).

Discriminant validity was demonstrated through two comparisons. The first compared the ETI to a measure of reading achievement. No significant correlations were found. The author concluded that reading achievement was not a factor influencing ETI results. The second comparison examined the ETI and a social desirability scale. No significant correlations were found. The author concluded that social desirability was not a factor influencing ETI responses.

Supportive evidence for the validity of the ETI measure was obtained from researched effects of age and gender on empathy levels. A significant effect for age was found, $F(2, 259) = 10.42$, $p < .001$. Post-hoc examination supported the author's hypothesis that empathy level increased with age, as expected developmentally. A significant effect for gender was found, $F(1, 259) = 41.20$, $p < .001$. Post hoc examination supported Bryant's hypothesis that females were more empathic than males, as expected developmentally.

Child Behavior Checklist (CBCL) (See Appendix G): The CBCL was a 138-item scale where 20 items assessed social

competence and 118 items assessed behavioral problems. The CBCL was a Likert type scale with three anchors ranging between zero and two. The CBCL had eight subscales divided into three categories: internalizing, externalizing, and no designation. The "withdrawn," "somatic complaints," and "anxious/depressed" scales were considered internalized behaviors. The "delinquent behavior" and "aggressive behavior" subscales were considered externalized behaviors. "Social problems," "thought problems," and "attention problems" had no behavioral designation.

For the purpose of this study, only four subscales, Delinquent Behavior, Aggressive Behavior, Attention Problems, and Social Problems were used. "Certain Problematic Behaviors" was defined as those behaviors identified by the Delinquent Behavior, Aggressive Behavior, Attention Problems, and Social Problems subscales of the Child Behavior Checklist (Achenbach, 1991). These selected scales were thought to best represent certain problem behaviors.

Overall internal consistency reliability for the 118 behavioral problems was .959, while for the 20 social competency items, internal reliability stood at .927 (both at $p < .001$; Achenbach, 1991). Test-retest reliability,

over a one-week period, was .89 ($p < .01$) for behavioral problems and .87 ($p < .01$) for social competence items across the scale. With regards to validity, convergent validity was demonstrated, ranging between .45 and .85 for boys and .44 and .91 for girls (Achenbach & Edelbrock, 1983). Discriminant validity demonstrated an ability to discriminate between clinical and non-clinical samples on both the social competence and behavioral problem scales (Achenbach & Edelbrock, 1983).

The CBCL was normed using a stratified, diverse, representative population, including gender, age, ethnicity, and socioeconomic status. Responses were scored and profiles developed.

Procedure

Each subject was asked to participate in the study after engaging in at least four therapeutic sessions at a local mental health clinic. After the fourth visit, clients were asked by the therapist as to their willingness to participate in this volunteer study. If the client agreed to participate in the study, the therapist provided an information card explaining the purpose of the study and voluntary nature of participation in this study. The client was given the option of being contacted by an

investigator or having the therapist complete the packet with them. If the client preferred investigator's help with completion of the packet, the participant provided a contact phone number on the card and returned it to the therapist. The therapist was responsible for ensuring the security of the cards until the investigators used them to contact the client. When the client preferred not to be contacted by phone or had no phone, the client agreed to provide the time and date of his or her next appointment to the investigators. The researchers would meet briefly with the client to arrange a time to complete the study packet. In order to ensure confidentiality, the cards were destroyed upon completion of the study packet.

Each packet contained an informed consent letter (see Appendix A), demographic survey, and two measures (AAPI-2 and ETI). A debriefing statement (see Appendix B) was included.) Participants were given a numeric designation (for purposes of confidentiality and anonymity). The co-investigators or therapist made a brief, explanatory statement regarding who they were and the purpose of the study. The investigators read the informed consent and asked prospective participants to sign. When either of the

pair declined to participate, no other measures were administered, concluding their participation.

The investigators gave the demographic survey and AAPI-2 to the adult caregiver who then completed the information by him or herself. The investigators were available to answer any questions. The co-investigator administered the ETI to the child or young adolescent. The child who was able to read the measure completed it by him or herself. Children who were not able to read had the measure read to them by an investigator.

The response time of participants ranged between 15 and 45 minutes, not including the completion of the CBCL. Participants had already completed the CBCL before being seen for an intake. In order to obtain CBCL results and maintain confidentiality, the therapists involved in this study provided the results to the researchers with identifying numbers in place of names.

Protection of Human Subjects

Confidentiality and anonymity were upheld through the use of numeric identification codes so that the investigators had no knowledge of the full names or identifying information of the participants.

CHAPTER FOUR: RESULTS

Demographic Characteristics of the Respondents

There were a total of 106 respondents, consisting of 53 caregiver/child pairs. The typical adult caregiver that participated in this study was a 42-year-old, Caucasian, single-parent, biological mother of the child. She had a High School diploma or GED and an income of approximately $5,001 to $10,000 per year. Typically, her child was a nine year old, Caucasian male who had lived with his mother for an average of 7 years.

Table 1 contained demographic characteristics of the respondents. Of adult respondents, 75% were female and 25% were male. Adult ages ranged from 28 years to 70 years with a mean of 41.92 years. Regarding adult ethnicity, 45.3% of the sample were Caucasian, 22.6% were African American, and 20.8% of the sample were Latino. Only 5.7% of the adult respondents identified themselves as Asian, 3.8% as Native American, and 1.9% as "other."

The children ranged in age between 4 years and 14 years old with a mean age of 9 years. Of children in the study, 45.3% were identified as Caucasian, 24.5% as Latino, 20.8% as African American, and 9.4% as "other." The dramatic increase of children being identified as "other"

as compared to the adults appeared to result from the number of biracial children in the study (i.e., African American/Caucasian, Caucasian/Latino). Thirty-eight of the children (71.7%) were boys, and 15 were girls (28.3%).

The majority of caregiver participants were biological parents (62.3%). About 15% of children lived with a grandparent or a foster parent, respectively. Three point eight percent of children lived with an adoptive parent while an additional 3.8% lived with "other caregiver" (i.e. relatives). None of the children were from a group home or residential facility.

Approximately half of the children (47%) lived in a single parent family home. About 55% of the children had the biological mother as the primary caregiver while 13.2% of the sample of children had foster mothers as the primary caregiver. In addition, 11.3% of daily caregivers were designated as grandmothers. Male primary daily caregivers comprised 17.1% of the sample of adult caregivers (biological fathers, 5.7%; grandfathers, 3.8%; foster fathers, 1.9%; adoptive fathers, 3.8%; and, stepfathers, 1.9%).

Table 1. Demographic Characteristics of the Respondents

Variable	Frequency (n)	Percentage (%)
Age of Caregiver (N=53)		
25-30	5	9.4%
31-40	21	39.7%
41-50	17	32.0%
51-60	10	17.0%
61-70	1	1.9%
Caregiver Gender (N=53)		
Female	40	75.5%
Male	13	24.5%
Caregiver Ethnicity (N=53)		
African American	12	22.6%
Asian	3	5.7%
Latino	11	20.8%
Native American	2	3.8%
Caucasian	24	45.3%
Other	1	1.9%
Caregiver Education (N=52)		
8^{th} Grade or Less	3	5.8%
Some High School	11	21.2%
High School Diploma/GED	16	30.8%
Some College	15	28.8%
AA or AS Degree	6	11.5%
BA or BS Degree	1	1.9%
Caregiver Income (N=51)		
Less than $5,000	5	9.8%
$5,001 to $10,000	13	25.5%
$10,001 to $15,000	9	17.6%
$15,001 to $20,000	6	11.8%
$20,001 to $25,000	8	15.7%
$20,001 to $30,000	7	13.7%
Over $30,000	3	5.9%

Table 1 (cont'd). Demographic characteristics

Variable	Frequency (n)	Percentage (%)
Caregiver Relationship To Child (N=53)		
Biological Parent	33	62.3%
Adoptive Parent	2	3.8%
Grandparent	8	15.1%
Foster Parent	8	15.1%
Other Caregiver	2	3.8%
Child Currently Lives With (N=53)		
Biological Mother	28	52.8%
Biological Father	6	11.3%
Adoptive Father	2	3.8%
Grandmother	6	11.3%
Grandfather	1	1.9%
Foster Mother	6	11.3%
Foster Father	2	3.8%
Other Caregiver	2	3.8%
Length of Time (Months) With Caregiver (N=53)		
1-24	9	17.0%
25-48	8	15.1%
49-60	6	11.3%
61-84	7	13.2%
85-108	6	11.3%
109-132	8	15.1%
133-156	5	9.5%
168-180	4	7.5%
Second Caregiver in Home (N=53)		
None	25	47.2%
Biological Mother	4	7.5%
Biological Father	8	15.1%
Step-father	3	5.7%
Adoptive Mother	1	1.9%
Grandmother	4	7.5%
Grandfather	3	5.7%
Foster Mother	1	1.9%
Foster Father	2	3.8%
Other Caregiver	2	3.8%

Table 1 (cont'd). Demographic characteristics

Variable	Frequency (n)	Percentage (%)
Responsible for more than 51% Of Daily Child Care (N=53)		
Biological Mother	29	54.7%
Biological Father	3	5.7%
Step-father	1	1.9%
Adoptive Father	2	3.8%
Grandmother	6	11.3%
Grandfather	2	3.8%
Foster Mother	7	13.2%
Foster Father	1	1.9%
Other Caregiver	2	3.8%
Age of Child (N=53)		
4-7	18	34.0%
8-11	24	45.2%
12-14	11	20.8%
Child Gender (N=53)		
Female	15	28.3%
Male	38	71.7%
Child Ethnicity (N=53)		
African American	11	20.8%
Latino	13	24.5%
Caucasian	24	45.3%
Other	5	9.4%

Parenting Style (AAPI-2) Results

The AAPI - 2 consists of five subscales based on five parenting constructs: inappropriate parental expectations (Subscale A), parental empathy of child's needs (Subscale B), use of corporal punishment (Subscale C), child-parent role reversal (Subscale D), and the oppression of

children's will and independence (Subscale E). Table 2 summarizes caregivers' responses to the 40 items of the AAPI -2.

Table 2. AAPI-2 (Form A) Descriptive Statistics

Item (N=53)	Frequency (n)	Percentage (%)
1. Children should keep their feelings to themselves.		
Strongly Agree	1	1.9%
Agree	4	7.5%
Disagree	14	26.4%
Strongly Disagree	34	64.2%
2. Children should do what they're told to do, when they're told to do it. It's that simple.		
Strongly Agree	6	11.3%
Agree	27	50.9%
Uncertain	4	7.5%
Disagree	15	28.3%
Strongly Disagree	1	1.9%
3. Parents should be able to confide in their children.		
Strongly Agree	5	9.4%
Agree	26	49.1%
Uncertain	4	7.5%
Disagree	13	24.5%
Strongly Disagree	5	9.4%

Table 2. (cont'd) AAPI-2 (Form A) Descriptive Statistics

Item (N=53)	Frequency (n)	Percentage (%)
4. Children need to be allowed freedom to explore their world in safety.		
Strongly Agree	13	24.5%
Agree	31	58.5%
Uncertain	1	1.9%
Disagree	7	13.2%
Strongly Disagree	1	1.9%
5. Spanking teaches children right from wrong. (N=52)		
Strongly Agree	6	11.5%
Agree	14	26.9%
Uncertain	10	19.2%
Disagree	17	32.7%
Strongly Disagree	5	9.6%
6. The sooner children learn to feed and dress themselves and use the toilet, the better off they will be as adults.		
Strongly Agree	6	11.3%
Agree	19	35.8%
Uncertain	6	11.3%
Disagree	18	34.0%
Strongly Disagree	4	7.5%
7. Children who are one year old should be able to stay away from things that could harm them.		
Strongly Agree	8	15.1%
Agree	9	17.0%
Disagree	15	28.3%
Strongly Agree	21	39.6%

Table 2. (cont'd) AAPI-2 (Form A) Descriptive Statistics

Item (N=53)	Frequency (n)	Percentage (%)
8. Children should be potty trained when they are ready and not before.		
Strongly Agree	11	20.8%
Agree	25	47.2%
Uncertain	2	3.8%
Disagree	15	28.3%
9. A certain amount of fear is necessary for children to respect their parents.		
Strongly Agree	3	5.7%
Agree	17	32.1%
Uncertain	13	24.5%
Disagree	16	30.2%
Strongly Agree	4	7.5%
10. Good children always obey their parents.		
Strongly Agree	4	7.5%
Agree	14	26.4%
Uncertain	1	1.9%
Disagree	28	52.8%
Strongly Disagree	6	11.3%
11. Children should know what their parents need without being told.		
Strongly Agree	1	1.9%
Agree	10	18.9%
Uncertain	2	3.8%
Disagree	21	39.6%
Strongly Disagree	19	35.8%

Table 2. (cont'd) AAPI-2 Descriptive Statistics

Item (N=53)	Frequency (n)	Percentage (%)
12. Children should be taught to obey their parents at all times.		
Strongly Agree	14	26.4%
Agree	30	56.6%
Uncertain	5	9.4%
Disagree	4	7.5%
13. Children should be aware of ways to comfort their parents after a hard day's work.		
Strongly Agree	2	3.8%
Agree	10	18.9%
Uncertain	7	13.2%
Disagree	25	47.2%
Strongly Disagree	9	17.0%
14. Parents who nurture themselves make better parents.		
Strongly Agree	12	22.6%
Agree	28	52.8%
Uncertain	8	15.1%
Disagree	5	9.4%
15. It's OK to spank as a last resort.		
Strongly Agree	7	13.2%
Agree	29	54.7%
Uncertain	4	7.5%
Disagree	11	20.8%
Strongly Disagree	2	3.8%

Table 2. (cont'd) AAPI-2 Descriptive Statistics

Item (N=53)	Frequency (n)	Percentage (%)
16. "Because I said so!" is the only reason parents need to give.		
Strongly Agree	2	3.8%
Agree	17	32.1%
Uncertain	4	7.5%
Disagree	26	49.1%
Strongly Disagree	4	7.5%
17. Parents need to push their children to do better.		
Strongly Agree	12	22.6%
Agree	34	64.2%
Uncertain	2	3.8%
Disagree	5	9.4%
18. Time-out is an effective way to discipline children.		
Strongly Agree	19	35.8%
Agree	19	35.8%
Uncertain	7	13.2%
Disagree	7	13.2%
Strongly Disagree	1	1.9%
19. Children have a responsibility to please their parents.		
Strongly Agree	5	9.4%
Agree	9	17.0%
Uncertain	4	7.5%
Disagree	24	45.3%
Strongly Disagree	11	20.8%
20. There is nothing worse than a strong-willed two year old.		
Strongly Agree	8	15.1%
Agree	19	35.8%
Uncertain	6	11.3%
Disagree	17	32.1%
Strongly Disagree	3	5.7%

Table 2. (cont'd) AAPI-2 Descriptive Statistics

Item (N=53)	Frequency (n)	Percentage (%)
21. Children learn respect through strict discipline.		
Strongly Agree	9	17.0%
Agree	29	54.7%
Uncertain	8	15.1%
Disagree	7	13.2%
22. Children who feel secure often grow up expecting too much.		
Strongly Agree	1	1.9%
Agree	8	15.1%
Uncertain	14	26.4%
Disagree	23	43.4%
Strongly Disagree	7	13.2%
23. Sometimes spanking is the only thing that will work.		
Strongly Agree	7	13.2%
Agree	28	52.8%
Uncertain	1	1.9%
Disagree	16	30.2%
Strongly Disagree	1	1.9%
24. Children can learn good discipline without being spanked.		
Strongly Agree	14	26.4%
Agree	25	47.2%
Uncertain	5	9.4%
Disagree	9	17.0%
25. A good spanking lets children know parents mean business.		
Strongly Agree	2	3.8%
Agree	19	35.8%
Uncertain	11	20.8%
Disagree	18	34.0%
Strongly Disagree	3	5.7%

Table 2. (cont'd) AAPI-2 Descriptive Statistics

Item (N=53)	Frequency (n)	Percentage (%)
26. Spanking teaches children it's alright to hit others.		
Strongly Agree	5	9.4%
Agree	15	28.3%
Uncertain	3	5.7%
Disagree	22	41.5%
Strongly Disagree	8	15.1%
27. Children should be responsible for the well-being of their parents. (N=52)		
Strongly Agree	1	1.9%
Agree	2	3.8%
Uncertain	9	17.3%
Disagree	17	32.7%
Strongly Disagree	23	44.2%
28. Strict discipline is the best way to raise children.		
Strongly Agree	7	13.2%
Agree	25	47.2%
Uncertain	4	7.5%
Disagree	16	30.2%
Strongly Disagree	1	1.9%
29. Children should be their parents' best friend. (N=52)		
Strongly Agree	1	1.9%
Agree	10	19.2%
Uncertain	4	7.7%
Disagree	26	50.0%
Strongly Disagree	11	21.2%

Table 2. (cont'd) AAPI-2 Descriptive Statistics

Item (N=53)	Frequency (n)	Percentage (%)
30. Children who receive praise will think too much of themselves.		
Strongly Agree	1	1.9%
Agree	8	15.1%
Uncertain	6	11.3%
Disagree	27	50.9%
Strongly Disagree	11	20.8%
31. Children need discipline, not spanking.		
Strongly Agree	21	39.6%
Agree	21	39.6%
Uncertain	4	7.5%
Disagree	7	13.2%
32. Hitting a child out of love is different than hitting a child out of anger.		
Strongly Agree	7	13.2%
Agree	22	41.5%
Uncertain	4	7.5%
Disagree	16	30.2%
Strongly Disagree	4	7.5%
33. In father's absence, the son needs to become the man of the house.		
Strongly Agree	2	3.8%
Agree	10	18.9%
Uncertain	1	1.9%
Disagree	32	60.4%
Strongly Disagree	8	15.1%

Table 2. (cont'd) AAPI-2 Descriptive Statistics

Item (N=53)	Frequency (n)	Percentage (%)
34. Strong-willed children must be taught to mind their parents.		
Strongly Agree	12	22.6%
Agree	32	60.4%
Uncertain	7	13.2%
Disagree	2	3.8%
35. A good child will comfort both parents after they have argued. (N=52)		
Strongly Agree	1	1.9%
Agree	14	26.9%
Uncertain	8	15.4%
Disagree	19	36.5%
Strongly Disagree	10	19.2%
36. Parents who encourage their children to talk to them only end up listening to complaints.		
Strongly Agree	2	3.8%
Agree	10	18.9%
Uncertain	6	11.3%
Disagree	22	41.5%
Strongly Disagree	13	24.5%
37. A good spanking never hurt anyone. (N=52)		
Strongly Agree	5	9.6%
Agree	18	34.6%
Uncertain	4	7.7%
Disagree	22	42.3%
Strongly Disagree	3	5.8%

Table 2. (cont'd) AAPI-2 Descriptive Statistics

Item (N=53)	Frequency (n)	Percentage (%)
38. Babies need to learn how to be considerate of the needs of their mother.		
Strongly Agree	1	1.9%
Agree	1	1.9%
Uncertain	10	18.9%
Disagree	21	39.6%
Strongly Disagree	20	37.7%
39. Letting a child sleep in the parent's bed every now and then is a bad idea.		
Strongly Agree	3	5.7%
Agree	11	20.8%
Uncertain	3	5.7%
Disagree	30	56.6%
Strongly Disagree	6	11.3%
40. A good child sleeps through the night.		
Strongly Agree	2	3.8%
Agree	10	18.9%
Uncertain	6	11.3%
Disagree	30	56.6%
Strongly Disagree	5	9.4%

Note: Subscale A Questions = 2, 10, 12, 17, 21, 28, 34
Subscale B Questions = 1, 6, 11, 16, 19, 20, 22, 38, 39, 40
Subscale C Questions = 5, 9, 15, 18, 23, 24, 25, 26, 31, 32, 37
Subscale D Questions = 3, 7, 13, 27, 29, 33, 35
Subscale E Questions = 4, 8, 14, 30, 36

Several significant correlations involving parenting styles, as defined by the five constructs of the AAPI-2,

were obtained. Regarding Subscale A, inappropriate parental expectations was positively correlated with the presence of a second caregiver in the home ($r = .408$, $p < .003$). Because of the design of this subscale, a high score reflected more appropriate parental expectations. Therefore, caregivers in the home had more appropriate expectations of their children as the number of caregivers in the home increased, primarily from one to two caregivers.

Subscale B, lack of parental empathic awareness of children's needs, was positively correlated with the presence of a second caregiver in the home ($r = .286$, $p < .038$). Therefore, as the number of caregivers in the home increased from one to two caregivers, the ability of adults to meet the empathic needs of the children increased.

One negative correlation was obtained between Subscale B, lack of parental empathic awareness of children's needs, and child's age ($r = -.291$, $p < .035$). As the child's age increased, the ability of the caregiver to meet the child's needs decreased.

Subscale C, belief in corporal punishment, was positively correlated with the presence of a second caregiver in the home ($r = .411$, $p < .003$) and also with

education level of caregiver ($r = .426$, $p < .033$). Because of the design of this subscale, a high score on the subscale meant that the respondent had more effective disciplinary strategies. Therefore, as the education level of the caregiver increased or the number of caregivers in the home increased, adults tended to disagree with corporal punishment as a disciplinary technique. As educational level of the caregiver or the number of caregivers decreased, a belief in corporal punishment increased.

Regarding Subscale D, parent-child role reversal, two positive correlations were obtained. Parent-child role reversal was related with the presence of having a second caregiver in the home ($r = .311$, $p < .023$) and with the educational level of the caregiver ($r = .362$, $p < .008$). As the number of caregivers in the home or the educational level of the caregiver increased, caregivers kept clearer and more appropriate boundaries between the parental and child roles.

In addition to raw scores, the AAPI-2 offered STEN scores, ranging from 1 to 10. Low STEN scores (1 to 4) generally indicated a high risk for practicing known abusive, ineffective parenting strategies. Average or mid-range STEN scores represented parenting attitudes of the

general population. High STEN scores generally indicated the practice of nurturing, non-abusive, effective parenting strategies (Bavolek & Keene, 1999). STEN scores were reflected on a Bell-curve distribution where a STEN score of 1 represented 2.3% of the population, 2 represented 4.4%, 3 represented 9.2%, 4 represented 15%, 5 represented 19.1%, 6 represented 19.1%, 7 represented 15%, 8 represented 9.2%, 9 represented 4.4%, and, 10 represented 2.3% of the population. Therefore, ineffective parenting consisted of STEN scores 1 through 4, representing 30.9% of the population. Average parenting consisted of STEN scores 5 and 6, representing 38.2% of the population. Finally, effective parenting consisted of STEN scores 7 through 10, representing 30.9% of the population (Bavolek & Keene, 1999).

Summary descriptive statistics for STEN scores in the study sample are found in Table 3. Subscale A, inappropriate expectations, was the strongest category of effective parenting. On the other hand, the remaining Subscales B, C, D, and E, respectively, demonstrated that the sample of adult caregivers consistently fell within the ineffective parenting range. Subscales B (parental empathy) and E (oppressing will and independence) were

notable for obtaining less than 1% of responses outside of the ineffective category of parenting.

Table 3. Descriptive Statistics of AAPI-2 STEN scores

STEN Score	Frequency (n)	Percent (%)
Subscale A: (N=52) Inappropriate Expectations		
Ineffective	13	25.0%
Average	19	36.6%
Effective	20	38.5%
Subscale B: (N=52) Parental Empathy		
Ineffective	52	98.1%
Average	0	0.0%
Effective	1	1.9%
Subscale C: (N=50) Corporal Punishment		
Ineffective	32	64.0%
Average	18	36.0%
Effective	0	0.0%
Subscale D: (N=53) Parent-Child Role Reversal		
Ineffective	42	79.2%
Average	11	20.8%
Effective	0	0.0%
Subscale E: (N=52) Oppressing Will and Independence		
Ineffective	52	100.0%
Average	0	0.0%
Effective	0	0.0%

Empathy (ETI) Results

In order to score the ETI, some reverse scoring was required. A score of zero was assigned to all non-empathic responses while a score of one was assigned to all empathic responses, for a total possible score range of 0-22. In viewing the children's responses on the ETI (see Table 4), it was apparent that most of the responses were approximately a 50% split between an empathic and non-empathic response. That is, nearly half of children responded in an empathic manner while the other half responded in a non-empathic manner for each of the 22 items. If a respondent were to give empathic answers for every question, he or she would receive a score of 22 points. In this sample of children, the mean empathic response rate was approximately 12 points. Response scores ranged between one point and 20 points.

Only five items varied from this general trend by exhibiting different response ratios. Interestingly, the largest deviation from the 50/50 trend was question #11, which was the only question that asked about being "upset" when observing an animal being hurt. Children responded empathetically 83% of the time while only 17% of children did not.

Four additional items exhibited interesting responses. When questions were asked about observing others being hurt (#6 and #14), nearly 70% responded empathetically. However, when asked about observing others crying (#5 and #19), the reverse occurred with 70% responding in a non-empathetic manner.

Table 4. Children's Responses to the ETI

Variable (N=53)	Frequency (n)	Percentage (%)
1. It makes me sad to see a girl who can't find anyone to play with.		
Yes	31	58.5%
No	22	41.5%
2. People who kiss and hug in public are silly.		
Yes	29	54.7%
No	24	45.3%
3. Boys who cry because they are happy are silly.		
Yes	26	49.1%
No	27	50.9%
4. I really like to watch people open presents, even when I don't get a present myself.		
Yes	35	66.0%
No	18	34.0%
5. Seeing a boy who is crying makes me feel like crying.		
Yes	18	34.0%
No	35	66.0%

Table 4. (cont'd) Children's Responses to the ETI

Variable (N=53)	Frequency (n)	Percentage (%)
6. I get upset when I see a girl being hurt.		
Yes	38	71.7%
No	15	28.3%
7. Even when I don't know why someone is laughing, I laugh too.		
Yes	29	54.7%
No	24	45.3%
8. Sometimes I cry when I watch TV.		
Yes	26	49.1%
No	27	50.9%
9. Girls who cry because they are happy are silly.		
Yes	30	56.6%
No	23	43.4%
10. It's hard for me to see why someone else gets upset.		
Yes	22	41.5%
No	31	58.5%
11. I get upset when I see an animal being hurt.		
Yes	44	83.0%
No	9	17.0%
12. It makes me sad to see a boy who can't find anyone to play with.		
Yes	30	56.6%
No	23	43.4%

Table 4. (cont'd) Children's Responses to the ETI

Variable (N=53)	Frequency (n)	Percentage (%)
13. Some songs make me so sad I feel like crying.		
Yes	21	39.6%
No	32	60.4%
14. I get upset when I see a boy being hurt.		
Yes	36	67.9%
No	17	32.1%
15. Grown-ups sometimes cry even when they have nothing to be sad about.		
Yes	33	62.3%
No	20	37.7%
16. It's silly to treat dogs and cats as though they have feelings like people.		
Yes	20	37.7%
No	33	62.3%
17. I get mad when I see a classmate pretending to need help from the teacher.		
Yes	21	39.6%
No	32	60.4%
18. Kids who have no friends probably don't want any.		
Yes	20	37.7%
No	33	62.3%
19. Seeing a girl who is crying makes me feel like crying.		
Yes	17	32.1%
No	36	67.9%

Table 4. (cont'd) Children's Responses to the ETI

Variable (N=53)	Frequency (n)	Percentage (%)
20. I think it is funny that some people cry during a sad movie or while reading a sad book.		
Yes	24	45.3%
No	29	54.7%
21. I am able to eat all my cookies even when I see someone looking at me wanting one.		
Yes	29	54.7%
No	24	45.3%
22. I don't feel upset when I see a classmate being punished by a teacher for not obeying school rules.		
Yes	25	47.2%
No	28	52.8%

(Note: For questions 2, 3, 9, 10, 15, 16, 17, 18, 20, 21, and 22, a negative answer indicated a more empathic response.)

There was a relationship between children's level of empathy (ETI) and the education level of the caregivers ($r = .318$, $p < .022$). As the educational level of caregivers increased, children's empathy level was higher.

Certain Problem Behavior (CBCL) Results

The CBCL was normed for two different populations, a non-referred sample and a referred-to-therapy sample. The

means of the CBCL subscales for the current sample were consistently higher than both the means for the non-referred and referred, normative sample (See Table 5). The trend of the results indicated that the children in this study demonstrated more certain problem behaviors as identified by the CBCL.

Table 5. Descriptive Statistics for CBCL Subscales (N=53)

Variable	Study Sample			Normative Non-referred Sample		Referred Sample	
	Mean	SD	Range	Mean	SD	Mean	SD
DB	5.74	3.78	0-16	1.53	1.88	3.80	3.20
AB	18.23	8.11	3-37	6.93	5.48	15.40	8.75
AP	9.57	4.19	0-18	2.93	2.83	7.75	4.50
SP	5.91	3.39	0-13	1.80	1.85	4.80	3.10

Note: DB = CBCL, Delinquent Behavior; AB = CBCL, Aggressive Behavior; AP = CBCL, Attention Problems; SP = CBCL, Social Problems

Parenting Style (AAPI-2) and Child's Empathy (ETI)

One important preface to presenting correlational results using the AAPI-2 must be discussed. Because of the manner in which the scales were formatted and scored, low scores on this measure indicated ineffective parenting practices while higher scores indicated effective parenting

practices. Typically, as on the CBCL and other instruments, high scores tend to be associated with increased dysfunction. However in this study, a negative correlation reflected the increase in effective parenting strategies when related to the other study variables.

A Pearson Product-Moment Correlation examined the relationship between parenting styles of caregivers (AAPI-2) and the empathy levels of children and young adolescents (ETI). Only one correlation was significant. The subscale that assessed parent's dominance and oppression over the child's power and independence (Subscale E) was negatively correlated with children's empathy as measured by the ETI ($r = -.387$, $p < .005$). Therefore, on the AAPI-2, the stronger the oppression and domination of the child, the lower the subscale score. As effective parenting decreased (i.e., lower subscale scores equals higher oppression and dominance), children's empathy increased.

Table 6. Bivariate Statistics: Parenting Style & Empathy

	Parenting Styles				
	A	B	C	D	E
ETI	-.054	.011	.088	-.120	-.387**

Note: ** = $p < .001$; A = AAPI-2, Inappropriate Expectations; B = AAPI-2, Parental Empathy; C = AAPI-2,

Corporal Punishment; D = AAPI-2, Role Reversal; E = AAPI-2, Oppressing Will and Independence; ETI = Child's Empathy

Child Empathy (ETI) and Certain Problem Behaviors (CBCL)

A second Pearson Product-Moment Correlation examined the relationship between empathy levels (ETI) and certain problem behaviors in children and young adolescents (CBCL). No significant correlations were obtained (See Table 7).

Table 7. Bivariate Statistics: Empathy & Problem Behaviors

	Problem Behaviors			
	DB	AB	AP	SP
ETI	-.256	-.138	-.106	-.146

Note: DB = CBCL, Delinquent Behavior; AB = CBCL, Aggressive Behavior; AP = CBCL, Attention Problems; SP = CBCL, Social Problems; ETI = Child's Empathy

Parenting Style (AAPI-2) and Certain Problem Behaviors (CBCL)

A third Pearson Product-Moment Correlation examined the relationship between parenting styles of caregivers (AAPI-2) and certain problem behaviors in children and young adolescents (CBCL). Only one correlation was significant, a negative correlation for Subscale A, inappropriate expectations, and the CBCL social problems

subscale was obtained ($r = -.343$, $p < .013$). On the AAPI-2, the stronger the belief in inappropriate expectations, the lower the subscale score. Therefore, as caregivers held more appropriate expectations of developmental tasks and abilities, children tended to have fewer social problems with peers and adults. When caregivers held unrealistic expectations of children's abilities, those children tended to have more social problems with peers and adults. (See Table 8.)

Table 8: Bivariate Statistics: AAPI-2 & CBCL

	Parenting Styles				
AAPI-2	A	B	C	D	E
DB	-.271	-.183	-.303*	-.124	.165
AB	-.104	-.038	-.174	-.008	.032
AP	-.206	-.099	-.193	-.048	.223
SP	-.343*	-.214	-.442**	-.218	.217

Note: * = $p < .05$; ** = $p < .001$; A = AAPI-2, Inappropriate Expectations; B = AAPI-2, Parental Empathy; C = AAPI-2, Corporal Punishment; D = AAPI-2, Role Reversal; E = AAPI-2, Oppressing Will and Independence; DB = CBCL, Delinquent Behavior; AB = CBCL, Aggressive Behavior; AP = CBCL, Attention Problems; SP = CBCL, Social Problems

A significant negative correlation between Subscale C, belief in corporal punishment, and CBCLDB, delinquent

behavior subscale, was found ($r = -.303$, $p < .008$). On the AAPI-2, the higher the belief in corporal punishment, the lower the subscale score. Therefore, as the belief in corporal punishment increased (i.e. lower scores), delinquent behavior in the sample of children increased.

CHAPTER FIVE: DISCUSSION

The purpose of this study was to explore the relationships among three variables, parenting styles, children's empathy, and certain problem behaviors in children and young adolescents. The first research question examined the relationship between parenting styles of caregivers and empathy levels of children and young adolescents. The only significant finding indicated that as parents empowered their children through giving choices, encouraging problem solving skills, teaching cooperation, and allowing them to express opinions, the empathy levels in children increased. This suggests that parents who discourage feelings of empowerment in their children also may inhibit their child's ability to be emotionally responsive to others. This result was similar to Krevans & Gibbs (1996) who reported that children's prosocial behavior and empathy was influenced by parent's use of power-assertiveness (i.e., dominating and controlling) parenting style. In their study, as parent's increased their use of power-assertiveness style, empathy and prosocial behavior in children decreased.

Unfortunately, there were no significant finding to clarify the relationships between the variables listed in

the second research question, children's empathy levels and certain problematic behaviors in children and young adolescents. This result was not typical of previous research findings (Wootton, Frick, Shelton, & Silverthorn, 1997).

If, as stated in the Literature Review, children's empathy level appears to be lacking in our ever-increasing antisocial children and adolescents, the study of empathetic responses in children becomes critical. Unfortunately, only a few measures have been developed to assess empathy in children, all grossly out of date. The measure used in this study appeared to fail to differentiate accurate expressions of empathy from socially desirable answers. A second child empathy scale, developed by Borke (1971), may be used with preschool children only and appeared to measure appropriate identification of feelings through the use of pictures rather than empathy itself (Jensen, Peery, Adams, & Gaynard, 1981).

In addition, all children's empathy measures rely on adult reasoning to identify potential aspects of empathy, raising the question whether children perceive the items in a similar manner to adults (Brody & Carter, 1982). Clearly, a developmentally appropriate measure of emotional

responsiveness/empathy is needed before further meaningful research can be performed.

The third research question examined the relationships between parenting styles of caregivers and certain problem behaviors in children and young adolescents. Results demonstrated support for previous research (McCord, 1991). As parental expectations of children's developmental abilities were more appropriate, children's social problems tended to decrease. As children are allowed to behaviorally function within their appropriate developmental level, they are encouraged to explore their environment and learn by making mistakes without fear of parental disappointment born out of excessive expectations (Bavolek & Keene, 1991).

The investigators hypothesize that parents are less likely to require their children to perform inappropriate developmental tasks, such as cooking the family dinner at six years old, when parents have an appropriate understanding of their children's developmental stages. Parents are more likely to view developmentally appropriate behaviors as successful learning experiences and give their approval, rather than viewing them as failures and punishing the children. This more positive parent-child

interaction may be less stressful to both and more nurturing to children.

A second significant correlation also supported previous research regarding the relationship between corporal punishment and delinquent behavior in children and adolescents. As parents supported the use of corporal punishment with their children, children's delinquent behavior increased. Or, as parent's use of corporal punishment decreased, their children's delinquent behaviors decreased. This result appears linked to findings from previous literature. Brems & Sohl (1995) found that children of physically abusive parents were encouraged in their aggressive acting out behaviors through modeling exhibited by their parental figures. These children tended to feel powerless and angry in the presence of parental or authority figures, acting out their rage in negative "antisocial" behaviors.

Of special note were the consistently low STEN scores obtained on the AAPI-2 parenting measure. On the inappropriate expectation subscale, 48.1% of adults had a STEN score of five (out of 10) or below. Regarding the ability of caregivers to be empathic to children's needs, 98.1% scored a STEN of four or less. Eighty-eight percent

of parents supported a belief in the use of corporal punishment. On the parent-child role reversal subscale, 100% of caregivers scored a STEN of five or below, endorsing statements that expressed the need for children to please adults; therefore, in this sample, meeting the needs of their children was secondary to having their own needs met by their children. Finally, on Subscale E, 100% of caregivers received a STEN score of four or below, endorsing the belief that children's independence and will should be subservient to the adult at all times.

Other significant correlations related to parenting style were found and were consistent with previous research. Interestingly, as the number of caregivers in the home increased (i.e., second parent or relative who acted as a caregiver to the child), developmental expectations of the child were more appropriate. It appeared likely that having two caregivers in the home acted as a possible mediating factor to balance parental expectations of the child (McCord, 1991).

In addition, the number of caregivers was also related to the belief in use of corporal punishment. In this sample, when a second caregiver was in the home, the belief in using corporal punishment as a disciplinary tool

decreased. Also, there was a relationship between the educational level of the parent and the belief in corporal punishment use. As educational levels increased, the belief in corporal punishment as a disciplinary method decreased. In this sample, adult caregivers with more education appeared to employ a wider range of disciplinary strategies other than corporal punishment.

Parental empathy (Subscale B) was positively correlated with the number of child caregivers in the home. Again, the factor of having two caregivers in the home appeared to be a significant mediating variable. With two caregivers in the home, parental empathy toward the child increased; or, with one caregiver, parental empathy toward the child decreased. It was likely that the supportive function offered by a second adult in the home helped caregivers to be more available to meet the child's needs (McCord, 1991).

As expected, parental empathy remained strongly correlated with the child's empathy level (Baumrind, 1993; Brems & Sohl, 1995). Also, child's empathy level was related to the educational level of the caregiver. Children in homes where the caregiver had more education also had higher empathy scores.

Not surprisingly, as the children's ages increased, parental empathy appeared to decrease. Adolescence appeared to be the clearest example of this phenomenon. As adolescents search for their own identities, parents often tend to have difficulty maintaining feelings of empathy because of the multiple changes in adolescent cognitive thought and affective expression, typical of this developmental period (Carlo, Fabes, Laible, & Kupanoff, 1999).

Two correlations were obtained between the variables involving parent-child roles and caregiver demographics. As the level of caregiver education or the number of caregivers in the home increased, so did caregivers ability to maintain appropriate parent-child role boundaries.

Limitations

There were several major limitations to this study. First, the sample size for this study was only 53 pairs of caregivers and children. The investigators would have preferred a minimum of 100 pairs or more in order to have a larger sample size. Statistical information suggests that 10 participants per variable are sufficient for an accurate correlational analysis (Spatz, 1993). However, the sample used in this study consisted of only five participants per

variable, creating possible statistical difficulties to finding significant differences between means (Spatz, 1993).

The generalizability of this study is limited because of the non-random sample. The sample was deliberately chosen in order to explore the study variables in a low-socioeconomic population of children and young adolescents with already identified problem behaviors who had entered therapy. These results should be understood in such a context and might be applied to other populations who share similar socioeconomic status.

One probable confound in this study was the inability to collect data from participants immediately upon intake. Instead, the mental health facility required that participants be approached only after attending four or more therapeutic sessions. This condition was imposed by the facility in order to ensure that participants understood that participation was voluntary and would not influence receiving services. Unfortunately, receiving therapeutic services before participating in this study may have skewed the study results. Contrary to most other research, this study had no significant correlations between certain problem behaviors and other study variables

(Achenbach, 1991; Baumrind, 1971). It is possible that therapeutic interventions influenced the results on one or more of the instruments measuring the study variables.

It is conceivable that the chosen instruments did not accurately measure the study variables at all, especially the empathy measure. In fact, the investigators noted that contrary to Bryant's (1982) assertion that social desirability had no significant influence on her measure, children appeared to be influenced by social desirability. For example, children often looked to the investigators for approval of their answers, even though they were assured that there were no right or wrong answers to the presented questions. Brody and Carter (1982) suggested, after exploring empathy measures similar to the ETI, that the answers on these measures appeared to be influenced by social-desirability pressures and/or psychological defenses.

In addition, several therapists who administered the ETI commented on how certain children, reporting empathic responses on the ETI, rarely acted in a congruent empathic manner to the therapists' knowledge. Eisenberg and Mussen (1989) reported how children often provided expected,

socially desirable responses, even after reporting no feelings of empathy.

Finally, of the three variable measures used, two measures (CBCL and AAPI-2) relied exclusively on self-reported information by the caregivers. This potential bias on self-report information may have decreased the severity of reported problem behaviors (i.e., CBCL). The investigators failed to gather information regarding participants' referral source, a potentially significant factor at the data collection site. Caregivers who had been mandated into treatment with their child because of Department of Children's Services (DCS) involvement with their family had little motivation for reporting maladaptive or serious child behavior problems. Possible reasons for minimizing certain problematic behaviors may have included inaccurate parental perceptions of the behaviors, a desire to be viewed as a "good parent," or fear of their children being removed from their home.

Implications for Social Work Practice

The results of the AAPI-2 STEN scores for this sample were appalling. Baumrind (1993) presented research that demonstrated that parents with delinquent and aggressive children could be effectively taught more constructive

parenting practices. She reported that coercive and hostile parenting techniques were contraindicated; instead, by teaching parents effective behavioral management and communication skills, including positive reinforcement, problem solving, and monitoring skills, children's behaviors improved. Social Workers who are familiar with, and competent in, parenting techniques, can best help their clients with their disruptive children by cultivating effective parenting strategies in the caregivers. In this manner, the Social Worker influences the entire family system.

Because of the amount of time that children are in school and the prime placement of schools within every community, it makes sense for Social Workers to have a place within the school system and a working relationship with school staff, students, and parents. Schools could best facilitate the implementation of a curriculum that develops empathy and prosocial behavior. Social Workers who are based in the school could play a major role in the development and implementation of such programs. In addition, Social Workers would be optimally positioned to observe behavioral problems in children and to intervene should abuse concerns be raised.

Conclusion

There are many societal indicators that our nation's children are in a state of crisis: increased prevalence of behavioral and mental health problems, rising levels of youth suicide and violence, excessive alcohol and substance abuse, low literacy competencies, and increased incidences of sexually transmitted disease (Baumrind, 1993). Because caregivers are in an ideal situation to shape their children's environment, the primary focus of interventions may well be targeted toward families and schools.

Significant results of the study included a negative relationship between children's empathy and caregivers' oppression of children's will and independence. Secondly, a negative correlation between children's social problems and caregiver's inappropriate developmental expectations was found. In addition, a negative correlation between caregiver's use of corporal punishment and children's delinquent behavior was significant.

This exploratory study was a preliminary step to examining the relationships between three variables, parenting styles, children's empathy, and certain problem behaviors, that the investigators believe might significantly influence the future of caregiver-child

relationships. The study's target population, children already referred for mental health services, was selected in order to lay the groundwork for developing effective interventions to address children and young adolescents living in a low-socioeconomic environment. Long-term potential results from this and other such studies may ameliorate problem behaviors, improve social functioning, and prevent future involvement with the criminal justice system.

Appendix A: Informed Consent

California State University, San Bernardino Informed Consent

You are being asked to participate in a study examining parenting styles, feelings, and behavior in children and young adolescents. This study is being conducted by Holly L. Melvin and Joann Mim Mack, graduate students in the Department of Social Work, at California State University, San Bernardino. Any questions or concerns about this study may be addressed to the study supervisor, Dr. Janet Chang, Department of Social Work (909-880-5184). This study has been approved by the Institutional Review Board, California State University, San Bernardino.

If you agree to participate in this study, you will be asked to fill out two questionnaires: one regarding general information (Demographic Survey) and the other regarding parenting styles (Adult-Adolescent Parenting Inventory). A third questionnaire, the Child Behavior Checklist, filled out during your intake, will also be used in this study. Your child will be asked to fill out one questionnaire concerning feelings of empathy (Feelings Questionnaire) either by himself or herself, or with the help of the therapist. It will take your child approximately 15 minutes to complete the task. The two caregiver questionnaires, the Adult-Parenting Inventory and Demographic Survey, should take approximately 20 to 40 minutes to complete.

A potential benefit you may receive by participating in this study is to have the opportunity to think about your parenting style. It is hoped that your participating in this study will produce an enhanced knowledge about parenting, feelings, and children's behavior. No money or material benefit will be gained from your participation.

The risk of participating includes possible discomfort with the questions asked. Should your discomfort continue after completion of this study, the investigators will provide referrals in cooperation with your assigned therapist.

You and your child's participation in this study is completely voluntary. Your decision to participate will not in any way affect your acceptance or your treatment at this clinic. You are free to withdraw at any time without penalty.

All information obtained will be anonymous. Any identifying information will be converted to a computer code. Only your therapist will be aware of your name. YOUR NAME WILL NOT BE GIVEN TO THE RESEARCHERS. After the completion of the study, all original questionnaires, except the Child Behavior Checklist (part of the Department of Behavioral Health file), will be destroyed.

By the mark below, I acknowledge that I the Caregiver am at least 18 years of age, and have been informed of and understand the nature of the study. I acknowledge that I am the legal Caregiver of the participating child and, as such, may give treatment consent. DO NOT WRITE YOUR NAME OR USE INITIALS.

Caregiver Mark: _____ Date: _____ Witness: _____ Date: _____

This statement to be read by researcher to the Child: "You are being asked to answer some questions about your feelings. Your answers are important because they can help us learn more about families and how to help kids and grown-ups get along better. By putting an 'X' on the line below (show line to the Child), you are letting us know that you will answer the questions. You can change your mind, and stop at anytime, and you won't be in trouble."

Child Mark: _____ Date: _____ Witness: _____ Date: _____

Appendix B: Debriefing Statement

Debriefing Statement

Thank you for your participation in this study. This study examines parenting styles, feelings, and behaviors in children and young adolescents. It is hoped that this study will lead to new ideas that help keep children out of trouble at home, school, and in the community. If you feel distressed or wish to speak to a counselor after participating in this study, please do not hesitate to let us (the researchers) know. In cooperation with your assigned therapist, we will provide you with a list of referrals. You may request a copy of the results obtained from this study from Holly Melvin at (909) 425-7585. For additional information or questions, you may contact Dr. Janet Chang of the Department of Social Work, California State University, San Bernardino, at (909) 880-5184. Or, you may request a copy from your therapist who will be notified when results are available. Please do not discuss with others the questions you answered so that other potential participants will not be influenced.

Referral List

Behavioral Health Resource Center
850 East Foothill Blvd.
Rialto, CA 92376
(909) 421-9200

Center for Individual Development (C.I.D. Clinic)
8088 Palm Lane
San Bernardino, CA 92410
(909) 387-8600

Discovery Clinic
590 N. Sierra Way, Ste. B
San Bernardino, CA 92401
(909) 387-7636

Appendix C: Agency Approval Letter

INTEROFFICE MEMO

DATE: April 3, 2000 **PHONE:** 387-7242

FROM: ROSARIA A. BULGARELLA, Ph.D.
Chair, Research Review Committee

TO: HOLLY L. MELVIN/JOANN MIMMACK

SUBJECT: APPLICATION FOR RESEARCH APPROVAL

Your application for project approval entitled **The Relationship Between Parenting Styles, Empathy, and Problematic Behaviors in Children and Adolescents** has been approved by Rudy Lopez, upon recommendation of the Research Review Committee.

The following changes will be implemented in your project as discussed with you during the meeting held on March 2, 2000.

1. Subjects will not have both an effective and an ineffective score on AAPI scales.
   (There will only be 1 correlation, not 2).

2. In discussion, data must be referred to as "Empathy as measured by the ETI," not just "empathy," and ineffective parenting as defined by the AAPI instead of "ineffective parenting," and "certain problematic behaviors" not problematic behaviors."

Dr. Ebbe will be your monitor for this project.

IN ACCORDANCE WITH SECTION VII OF THE RESEARCH REVIEW COMMITTEE'S GUIDELINES, VERBAL PROGRESS REPORTS WITH YOUR MONITOR ARE DUE WEEKLY, AND WRITTEN PROGRESS REPORTS ARE DUE MONTHLY.

I wish you well on the completion of your project.

RAB:ns

cc: R. Lopez
B. Morris
T. Franklin
J. Lewis
J. Bablera
C. Ebbe
P. Rattely
M. Van Ness

Appendix D: Demographic Survey

Survey Questionnaire

1. What is your gender?
   [ ] 1. Female
   [ ] 2. Male

2. What is your ethnicity?
   [ ] 1. African American
   [ ] 2. Asian Pacific Islander
   [ ] 3. Hispanic/Latino/Chicano
   [ ] 4. Native American
   [ ] 5. White/Caucasian
   [ ] 6. Other _____

3. Your age? _____

4. Your relationship to the child/children?
   [ ] 1. Biological parent
   [ ] 2. Step-parent
   [ ] 3. Adoptive parent
   [ ] 4. Grandparent
   [ ] 5. Foster parent
   [ ] 6. Other caregiver (please describe)
   _____

5. The child now lives with…(mark all that apply)?
   [ ] 1. Biological Mother
   [ ] 2. Biological Father
   [ ] 3. Step-mother
   [ ] 4. Step-father
   [ ] 5. Adoptive Mother
   [ ] 6. Adoptive Father
   [ ] 7. Grandmother(s)
   [ ] 8. Grandfather(s)
   [ ] 9. Foster Mother
   [ ]10. Foster Father
   [ ]11. Other caregiver(s) (relative, group home, etc.)
   Please describe.
   _____

6. Of the people marked in Question #5, which person provides more than half of this child's daily care? (mark only one)?

[ ] 1. Biological Mother
[ ] 2. Biological Father
[ ] 3. Step-mother
[ ] 4. Step-father
[ ] 5. Adoptive Mother
[ ] 6. Adoptive Father
[ ] 7. Grandmother(s)
[ ] 8. Grandfather(s)
[ ] 9. Foster Mother
[ ]10. Foster Father
[ ]11. Other caregiver(s) (relative, group home, etc.)

Please describe.

_____

7. How long has the child/children lived with the caregiver(s) listed above? _____

8. What is your yearly family income?

[ ] 1. Less than $5,000
[ ] 2. $5,001 to $10,000
[ ] 3. $10,001 to $15,000
[ ] 4. $15,001 to $20,000
[ ] 5. $20,001 to $25,000
[ ] 6. $25,001 to $30,000
[ ] 7. Over $30,000

9. What is your highest level of education?

[ ] 1. 8th grade or less
[ ] 2. Some High School education
[ ] 3. High School Diploma or GED
[ ] 4. Some college education
[ ] 5. A.A. or A.S. degree
[ ] 6. B.A. or B.S. degree
[ ] 7. Postgraduate degree

Appendix E: Adult-Adolescent Parenting Inventory-2 (AAPI-2)

Form A	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1. Children should keep their feelings to themselves.	SA	A	U	D	SD
2. Children should do what they're told to do, when they're told to do it. It's that simple.	SA	A	U	D	SD
3. Parents should be able to confide in their children.	SA	A	U	D	SD
4. Children need to be allowed freedom to explore their world in safety.	SA	A	U	D	SD
5. Spanking teaches children right from wrong.	SA	A	U	D	SD
6. The sooner children learn to feed and dress themselves and use the toilet, the better off they will be as adults.	SA	A	U	D	SD
7. Children who are one year old should be able to stay away from things that could harm them.	SA	A	U	D	SD
8. Children should be potty trained when they are ready and not before.	SA	A	U	D	SD
9. A certain amount of fear is necessary for children to respect their parents.	SA	A	U	D	SD
10. Good children always obey their parents.	SA	A	U	D	SD
11. Children should know what their parents need without being told.	SA	A	U	D	SD
12. Children should be taught to obey their parents at all times.	SA	A	U	D	SD
13. Children should be aware of ways to comfort their parents after a hard days work.	SA	A	U	D	SD
14. Parents who nurture themselves make better parents.	SA	A	U	D	SD
15. It's OK to spank as a last resort.	SA	A	U	D	SD
16. "Because I said so!" is the only reason parents need to give.	SA	A	U	D	SD
17. Parents need to push their children to do better.	SA	A	U	D	SD
18. Time-out is an effective way to discipline children.	SA	A	U	D	SD
19. Children have a responsibility to please their parents.	SA	A	U	D	SD

Please go to next page.

Form A	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
20. There is nothing worse than a strong-willed two year old.	SA	A	U	D	SD
21. Children learn respect through strict discipline.	SA	A	U	D	SD
22. Children who feel secure often grow up expecting too much.	SA	A	U	D	SD
23. Sometimes spanking is the only thing that will work.	SA	A	U	D	SD
24. Children can learn good discipline without being spanked.	SA	A	U	D	SD
25. A good spanking lets children know parents mean business.	SA	A	U	D	SD
26. Spanking teaches children it's alright to hit others.	SA	A	U	D	SD
27. Children should be responsible for the well-being of their parents.	SA	A	U	D	SD
28. Strict discipline is the best way to raise children.	SA	A	U	D	SD
29. Children should be their parents' best friend.	SA	A	U	D	SD
30. Children who receive praise will think too much of themselves.	SA	A	U	D	SD
31. Children need discipline, not spanking.	SA	A	U	D	SD
32. Hitting a child out of love is different than hitting a child out of anger.	SA	A	U	D	SD
33. In father's absence, the son needs to become the man of the house.	SA	A	U	D	SD
34. Strong-willed children must be taught to mind their parents.	SA	A	U	D	SD
35. A good child will comfort both parents after they have argued.	SA	A	U	D	SD
36. Parents who encourage their children to talk to them only end up listening to complaints.	SA	A	U	D	SD
37. A good spanking never hurt anyone.	SA	A	U	D	SD
38. Babies need to learn how to be considerate of the needs of their mother.	SA	A	U	D	SD
39. Letting a child sleep in the parent's bed every now and then is a bad idea.	SA	A	U	D	SD
40. A good child sleeps through the night.	SA	A	U	D	SD

Appendix F: Empathic Tendency Index (ETI)

Feelings Questionnaire

Y N 1. It makes me sad to see a girl who can't find anyone to play with.

Y N 2. People who kiss and hug in public are silly.

Y N 3. Boys who cry because they are happy are silly.

Y N 4. I really like to watch people open presents, even when I don't get a present myself.

Y N 5. Seeing a boy who is crying makes me feel like crying.

Y N 6. I get upset when I see a girl being hurt.

Y N 7. Even when I don't know why someone is laughing, I laugh too.

Y N 8. Sometimes I cry when I watch TV.

Y N 9. Girls who cry because they are happy are silly.

Y N 10. It's hard for me to see why someone else gets upset.

Y N 11. I get upset when I see an animal being hurt.

Y N 12. It makes me sad to see a boy who can't find anyone to play with.

Y N 13. Some songs make me so sad I feel like crying.

Y N 14. I get upset when I see a boy being hurt.

Y N 15. Grown-ups sometimes cry even when they have nothing to be sad about.

Y N 16. It's silly to treat dogs and cats as though they have feelings like people.

Y N 17. I get mad when I see a classmate pretending to need help from the teacher all the time.

Y N 18. Kids who have no friends probably don't want any.

Y N 19. Seeing a girl who is crying makes me feel like crying.

Y N 20. I think it is funny that some people cry during a sad movie or while reading a sad book.

Y N 21. I am able to eat all my cookies even when I see someone looking at me wanting one.

Y N 22. I don't feel upset when I see a classmate being punished by a teacher for not obeying school rules.

Appendix G: Child Behavior Checklist (CBCL)

Sample questions from the CBCL:

3. Argues a lot.

15. Cruel to animals.

21. Destroys things belonging to his/her family or others.

23. Disobedient at school.

25. Doesn't get along with other kids.

37. Gets in many fights.

For complete CBCL Instrument, contact:

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